

Note: This is a sample template. it is not an OMB approved form.

Universal 911 Dialing- First Transition Report

Please read instructions before completing

Section 1

Carrier Identification Information

Parent Company Name

Com South Telecommunications

Service Provider Name

250 Broad St. P.O. Box 1298

Company Address, City, State, Zip

HAWKINSVILLE, GA. 31036

Service Provider Type

Wireless

Wireline

Name(s) of Wireless License Holder(s)

Contact Name

J. D. RHODES

Contact Tel #

478- 892- 3032

Fax #

478- 892- 9009

E-mail Address

JD@ Comsouth.net

Section 2

Local Area 911 Implementation

List all individual local areas covered by this report (e.g., Lee County, Virginia):

Bleckley, Georgia

Dooly, Georgia

(a) For each area listed above, identify the emergency response point to which 911 calls will be routed.

Bleckley - is in transition to E911 with
cutover expected in July-2002

Dooly - 229-645-0911

(b) For each area listed above, provide details of the carrier's progress in completing translation and other work necessary to route 911 calls to the identified emergency response point.

Bleckley - we are ready to provide all dialing

Dooly - we will provide all dialing to the
emergency number listed above by
June 15, 2002

(c) For each area listed above, provide the date or projected date that transition to the 911 abbreviated dialing code will be completed.

Section 3

911 Implementation Problems

(a) Describe any problems the reporting carrier has encountered in identifying 911 number call routing points. Describe any other operational problems carrier has experienced during the initial transition stages.

(b) Where the reporting carrier has experienced 911 implementation problems, describe any efforts the carrier has made to coordinate with public safety agencies and state and local authorities.

Section 4

Certification - To be signed by an authorized representative of the reporting entity

I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and accurate statements of the affairs of the above-named company.

I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of 8-1-2002

Signature

Jimmy David Rhodes

Printed name of authorized representative

Jimmy David Rhodes

Title

Network mgr.

Date

3-7-02

This filing is:

original filing

revised filing

PERSONS MAKING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001.